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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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דורבט

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: AM	·	enez Electro	ical Consulting L
The enclosed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Amau Amaury Jime 1771	Name of Person enez Electric Firm/Company Address	al Consulting LLO
	Mlami ajimenez B-mail address: (b	City/State and Zip Code 9197 D 9 mail o be used for future annual report notifi	75 L Com
For further information co	oncerning this matter, please ca	786) <u>25</u>	8-2498 c Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Canna Adding	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable:	
Enter new principal offices address, if applicable:	abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
_	
•	2025
Enter new mailing address, if applicable:	<u>:- </u>
(Mailing address MAY BE A POST OFFICE BOX)	F1L
B. If amending the registered agent and/or registered office address on our records, <u>enter the na</u> agent and/or the new registered office add <u>ress here</u> :	me of the mew registered
agent and/or the new registered office address nere.	,
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Amary Jimenez	1771 SW 142 nd Ave Micmi Fr	33175□Add
	/		
			Change
MBR.	Amary Jimenez	1771 SW 142 MAYE Miam FI	.3317JX\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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	other information,				
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ffective date, if	other than the date	of filing: O2	125/202	(option	al)
an effective date is	listed, the date must be sp	pecific and cannot be prior loes not meet the appli	to date of filing or more	than 90 days after fil	ing.) Pursuant to 605.020 ate will not be listed a
		ment of State's record		- 1	
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record specifies a is filed.	delayed effective date	e, but not an effective	nme, at 12:01 a.m. on	the earner of: (b)	The 90th day after the
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	/		XX		
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	r / Signa	ature of a memoer of auti	ionzed representative or		
	Mary	1	o - 2		

Filing Fee: \$25.00